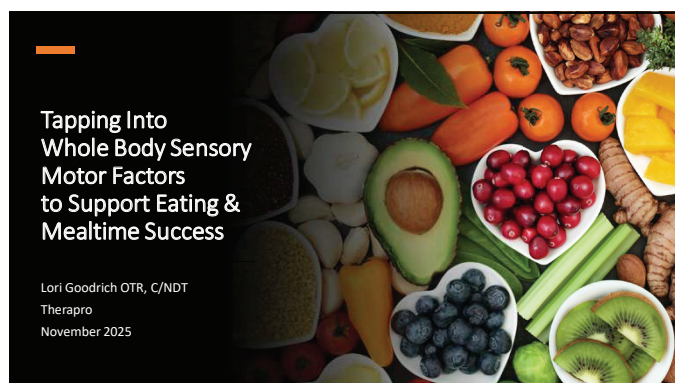
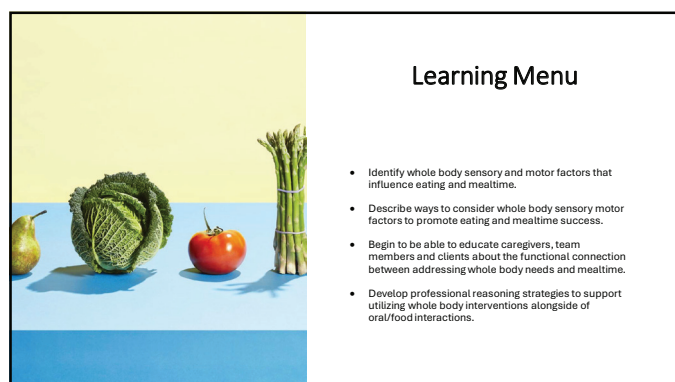


Tapping into Whole Body Sensory Motor Factors to Support Eating and Mealtime Success

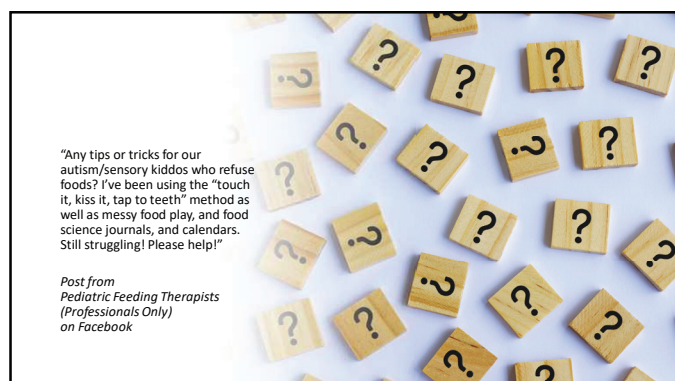
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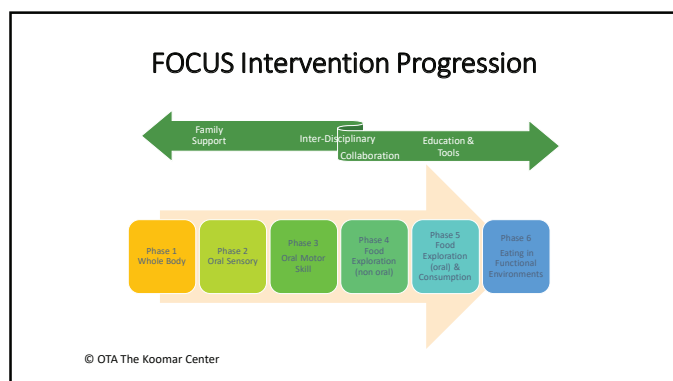
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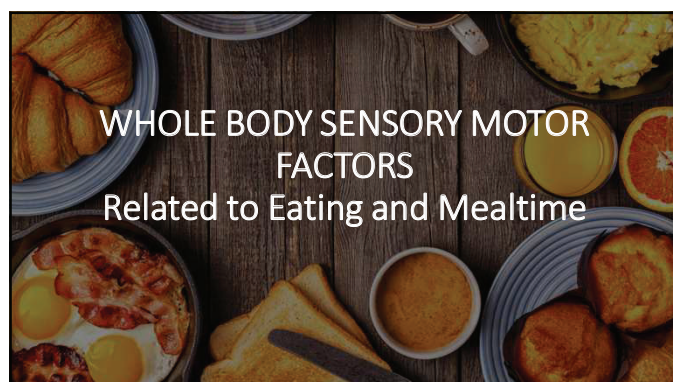
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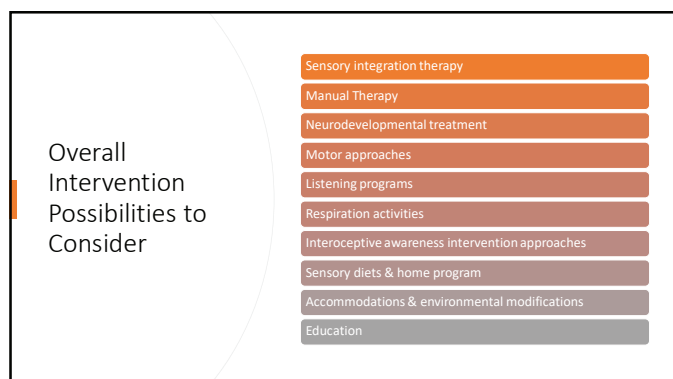
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Tapping into Whole Body Sensory Motor Factors to Support Eating and Mealtime Success

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Sensory Modulation

What is it?

- **Sensory modulation** - central nervous system regulation of its own activity
- **Sensory defensiveness** - Fight or flight reaction to sensation others would consider non-noxious
Bundy, A.C., Lane, S.J.. (2020)

How might sensory modulation differences impact mealtimes?

- Arousal state can impact hunger cues
- Can impact ability to maintaining attention and regulation during mealtime
- May do best eating alone vs in a social setting

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Sensory Modulation

- **Key Treatment Principles**
 - Deep touch pressure activities
 - Proprioceptive activities
 - Rhythmical activities
 - Additional modalities including listening programs, manual therapies, aromatherapy
- **Favorite Activities and Tools**
 - Lycra equipment
 - Quick Shifts Regulation CDs (Vital Links)
 - Activities that allow for rhythm
 - Breath games – bubbles, blowing, singing
 - Womb spaces that provide flexion and deep touch pressure

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What Treatment Might Look Like

- Remediation based sensory integration activities
- Prep based activities that lead into oral phases
- Sensory diets/home programs
- Accommodations

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Tapping into Whole Body Sensory Motor Factors to Support Eating and Mealtime Success

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Case Examples

Sophia

- 2-year-old
- Limited food choices
- Whole body sensory motor, oral motor needs
- Changes in health and routine greatly impact food intake
- Approaches –
 - Sensory integration
 - Home program
 - Food and environment accommodations

Willie

- 9-year-old
- Limited food choices
- Primarily whole-body sensory motor needs
- Anxiety
- Difficulty meeting energy needs
- Approaches –
 - Home routines to support regulation around mealtime
 - Primary focus on food expansion and mealtime

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Changes you might see around eating and mealtime

- Improved ability to stay at the table for meals for longer periods of time
- Increased comfort being around less preferred foods
- Less reactive to sensory components of foods – smells, looks, etc
- More self awareness of what is impacting mealtime experience
- Being able to use tools to support mealtime experience

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Whole Body Sensory Discrimination

What is it?

The identification of the salient temporal-spatial qualities of sensory input which we then process and use for skills. This is the way we process and interpret the information we receive through our senses.

Bundy, A.C., Lane, S.J. (2020)

How might sensory discrimination differences impact mealtimes?

- Increased effort or benefits from assistance with self feeding
- Frequently spills or knocks over cup
- Tends to sit on edge of chair or fall off chair



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Whole Body
Sensory
Discrimination

- **Key Treatment Principles**
 - Tactile
 - Proprioceptive
 - Vestibular
- **Favorite Activities and Tools**
 - Junk pile
 - Swings
 - positions and that can have muscle demands
 - Large exercise ball or air pillow
 - Tumbling mats, Nugget
 - Spandex equipment

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What
Treatment
Might Look
Like

- Remediation focused sensory integration treatment
- Sensory tools to support enhanced sensory awareness prior to task
- Task and environment adaptations and accommodations

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Case Examples

Alan

- 5-year-old
- Mealtime impacted by ability to self feed
- Variety of whole body and oral sensory motor needs
- Approaches –
 - Sensory integration therapy to support overall sensory discrimination
 - Select food prep and utensils to meet needs
 - Sensory approach to increasing awareness of upper extremities
 - Utilize chaining methods to build towards skill and confidence


Jack

- 11-year-old
- Self conscious about body in space in cafeteria; self described as "clumsy"
- Primarily whole-body sensory motor needs; functional eating skills
- Approaches –
 - SI approach to increase automatic and ease for sense of self
 - Developed functional tools to meet immediate needs (containers, cups, seat selection)
 - Caregiver, client and teacher education
 - Environmental adaptations

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Tapping into Whole Body Sensory Motor Factors to Support Eating and Mealtime Success

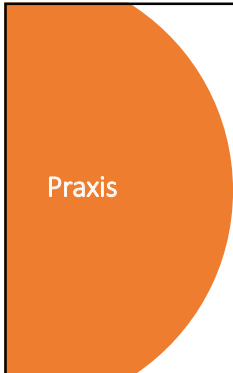
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Changes you might see around eating and mealtime

- Ability to sit more squarely and consistently in chair
- Increase ease and confidence with self feeding
- Moving around mealtime setting (i.e. cafeteria, kitchen) with increased ease
- Showing more interest in components that require good body awareness – for example, pouring own drink

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Praxis

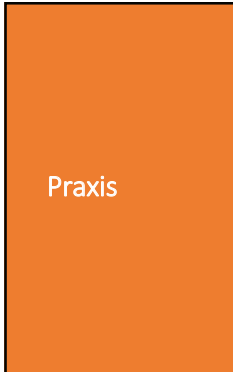
What is it?

The ability to plan unfamiliar motor tasks
Bundy, A.C., Lane, S.J. (2020)

How might praxis differences impact eating and mealtime?

- Increased effort, requiring assistance or being unable to figure out food preparation
- Increased effort, requiring assistance or being unable to figure out how to approach novel foods for utensil use
- Benefits from assistance or adaptations for preparing food
- Cumulative impact of overall praxis challenges

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Praxis

- **Key Treatment Principles**
 - Activities that focus on ideation
 - Activities that focus on motor planning
 - Activities that focus on sequencing and timing
- **Favorite Activities and Tools**
 - Idea books
 - Simple games using 1-2 pieces of equipment
 - Games that afford repetition and variation – sticky monkey, bumper tires, bolster switch

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What Treatment Might Look Like

- Remediation focused sensory integration treatment
- Sensory prep activities prior to praxis based tasks
- Accommodation of task demands and environment to meet individual where they are with current praxis abilities

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Case Examples

Stein

- 5-year-old
- Mealtime impacted by ability to self feed
- Variety of whole body and oral sensory motor needs
- Approaches –
 - Sensory integration therapy to support overall praxis
 - Developing ways to embed praxis opportunities in home setting
 - Task modifications to create success

Mitch

- 12 years old
- Seeking independence for food prep
- Variety of whole body and oral sensory motor needs
- Approaches –
 - Sensory integration therapy to support praxis in motivating way
 - Use tools from SI therapy and move into kitchen/mealtime
 - Using cooking and food prep as framework; blending praxis and executive functioning approaches
 - Parent education

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Changes you might see around eating and mealtime

- Ability to follow mealtime routines
- Greater independence with components of meals – i.e., clearing table, self feeding
- Beginning to show interest in food preparation skills
- Increased awareness of materials and use of them in kitchen

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Tapping into Whole Body Sensory Motor Factors to Support Eating and Mealtime Success

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Postural Control and Respiration

What is it?

The activation and coordination of full body musculature to establish and maintain a stable base that is necessary for movement against gravity; mobility and balance; coordinated breath patterns.

How might posture and respiration differences impact mealtimes?

- Increased effort for upright posture; might benefit from supportive chair or adapted length of time for meals
- Signs of difficulty coordinating breath while eating/drinking
- May impact skilled use of hands for utensils and drinking
- May impact regulation state

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Postural Control and Respiration

- **Key Treatment Principles**
 - Tonic postural activities
 - Upper body activities
 - Respiration activities
- **Favorite Activities and Tools**
 - Provide a VARIETY of respiration games
 - Bolster swing sticky monkey, prone side to side, bolster bump
 - Therapy ball – wrestling, power kicks, prone over
 - Crawling
 - Floor bolsters

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What Treatment Might Look Like

- Remediation based activities
- Preparatory activities
- Sensory diets
- Accommodations

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Case Examples

Chris

- 3-year-old
- Mealtime impacted by ability to coordinate upper body for skilled self feeding; coordinated breath as one factor influencing sense of safety while eating; endurance for mealtime
- Variety of whole body and oral sensory discrimination motor needs
- Approaches –
 - Addressing underlying vestibular processing
 - Supporting alignment and activation through play-based remediation activity
 - Variety of breath-based activities
 - Focused on chair set up that supports alignment
 - Adapt length of meals, food presentations
 - Eventually utensil practice

Matt

- 12 years old
- Low endurance for eating and mealtime in general; difficulty with skilled use of utensils
- Variety of whole body and oral sensory discrimination motor needs
- Approaches –
 - Sensory integration therapy to approach overall needs that included vestibular and postural activities
 - Home program with focus on core and breath based on personal interests
 - Targeted practice with utensils when foundations established
 - Parent and client education

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Changes you might see around eating and mealtime

- Improved endurance for staying in chair at meals
- Coordinated breath during eating and drinking
- Improved skilled use of hands for utensil use
- Potential to support digestion, sense of full/hunger

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Educational Opportunities

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Educational Opportunities – Client

- Connect to readiness to eating
- Pre/post rating scales
- Learn about body and what CAN do
- Comment on what you see in the moment
- Self advocacy

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Educational Opportunities – Caregivers

- What to expect based on current abilities
- Ways to modify to set up for success
- Framing arounds needs vs “behavior”
- Connect activities to what is meaningful
- Be curious and work together to find supports

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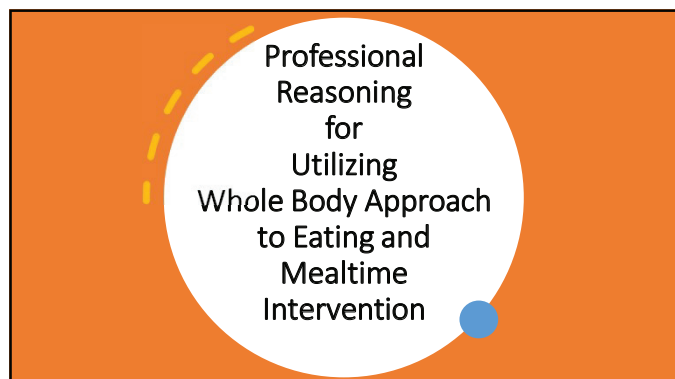
Educational Opportunities – Team Members

- Educate about roles and approaches
- Provide framework of key influencing areas
- Coordinate areas of focus, approaches, and expectations
- Collaborate to discuss how to support across settings and within treatment sessions

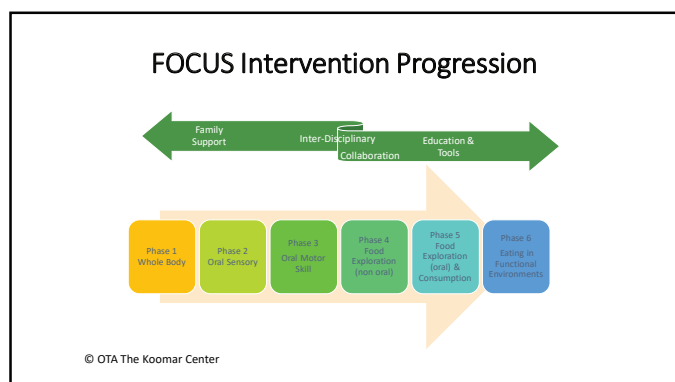
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Factors that Might Influence How Whole-Body Approaches Are Incorporated

Length and frequency of sessions

Level of need/functional impact the individual is experiencing with different proximal areas

What intensity, duration an individual needs to make change

What entry point and approach works for the client, caregivers and team members

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Whole Body As Primary Intervention

Reasons you might consider—

- A variety of whole-body factors having a significant impact on eating and mealtime
- Client might have other goals that are impacted by these whole-body areas of need
- Current abilities suggest developing relationship and sense of safety will be key for future success with eating and mealtime

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Case Example – Whole Body Direct Intervention


Sophie

- 2 years old with limited food choices; traditional “oral motor” therapy not effective
- Evaluation –
 - Whole body sensory motor
 - Oral motor needs
- Keys to intervention –
 - Focus on whole body needs to start to get ready for oral/food phases
 - Educating parents on food choices, etc
 - Providing safety and connection along with addressing whole body needs as steppingstone into future phases of treatment

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Whole Body As a Home Program

Reasons you might consider –

- Select areas of whole-body sensory motor needs that can be potentially addressed through home programming
- Client/caregivers motivated and have had success with carryover with other approaches
- Working with another team member regularly that can support carryover
- Time considerations including travel, other weekly sessions, etc (as one factor, not the only one!)


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Case Example – Whole Body Home Program

Lenny –

- 10 years old
- Evaluation –
 - Primarily sensory defensiveness and regulation needs; no oral motor needs/safety concerns
 - Family motivated to focus on home program and create collaborative consultation model with team (mental health provider, parents)
- Intervention –
 - Monthly consults with mental health provider, parents
 - Seeing Lenny every 3 months in person
 - Focus on sensory diet
 - Monitor to see impact on eating and mealtime to determine if plan of care works moving forward

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Blending Whole Body with Oral/Food Phases

Reasons you might consider –

- An individual's sensory motor abilities are developed enough to consider oral/food phases
- You have a plan of care that allows for expanding food work (i.e. treatment intensive)
- Client has select sensory motor needs so have potential to move into food-based phases
- The client is showing interest in food, and you might want to capitalize on this

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Case Example – Whole Body Incorporated Part Oral/Food Phases

Emily –

- 6-year-old with broad goals that included expanding comfort with eating a wider variety of foods
- Evaluation –
 - Whole body sensory motor areas of need
 - Some oral defensiveness
- Intervention –
 - Started with whole body only; due to stress of meals added in second session per week to address mealtime
 - Parent education and modeling

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Phase Shifting – Over the Course of Intervention

- As a client progresses how much time is spent addressing given phases of treatment with shift – this can impact on how many phases are addressed in each session and to what degree

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Treatment Phases Over Time

Beginning of therapy

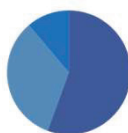
Treatment Session Breakdown



■ phase 1
■ phase 2
■ phase 3
■ phase 4
■ phase 5
■ phase 6

6 months into therapy

Treatment Session Breakdown

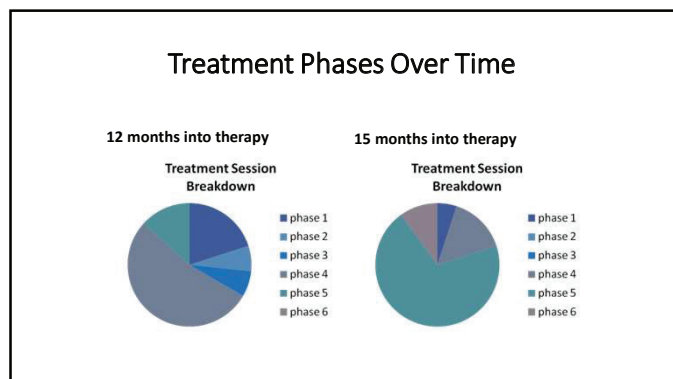


■ phase 1
■ phase 2
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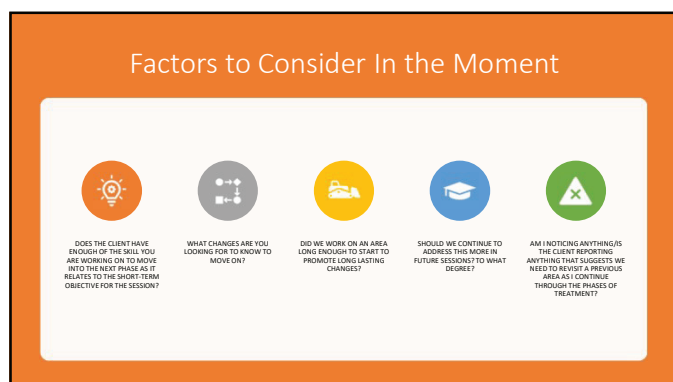
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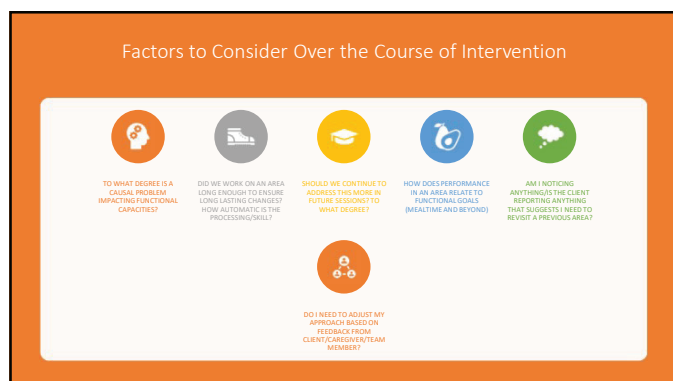
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Professional Reasoning Guiding Questions

- What are the overall goals for this client and how does this influence my approach?
- What factors influence how many phases I address in a session/series of sessions?
- How do I know if a client is ready to move onto a new phase or should return to a previous one?
- How will I know if they are ready for food interactions?
- How will I determine effectiveness of a treatment approach in the moment?
- Based on what I know about this client, what intervention approaches might I utilize?

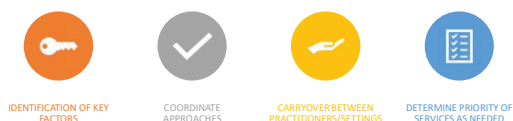
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Professional Reasoning Guiding Questions

- What might influence carryover from therapy sessions to functional settings?
- How will I consider/identify factors beyond sensory/motor at play?
- What are signs of needing to reach out to or consider a new team member?
- How will I support a client with a limited diet "in the meantime"?

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Professional Reasoning as Part of a Team



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Reflections

- What are your key take aways of how to use whole body sensory motor approaches to support your clients' eating and mealtime goals?
- What might you consider when deciding how to include whole body strategies as part of eating and mealtime therapy
- What whole body areas related to eating, feeding and mealtime might you want to continue to learn more about?



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Let's Stay In Touch!

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